

RESOLVED: Shareholders request that the Board of Directors of UnitedHealth Group (“UHG”) prepare a report, at a reasonable cost and omitting proprietary information, on the public health-related costs and macroeconomic risks created by the company’s practices that limit or delay access to healthcare.

At the board’s discretion, shareholders recommend the report evaluate how company practices impact access to healthcare and patient outcomes, including analyses of how often prior authorization requirements or denials of coverage lead to delay or abandonment of medical treatment and serious adverse events for patients.

Supporting Statement

Overall performance of financial markets determines 75-94% of portfolio returns to broadly diversified investors.¹ As a result, the health of the economy is key to the long-term performance of their portfolios. UHG, the largest health insurer in the U.S. and largest employer of physicians, influences healthcare outcomes through its impacts on healthcare and treatment accessibility and affordability. Given UHG’s size and broad reach – “more than 5 percent of U.S. gross domestic product flows through the company’s systems every day²” – shareholders fear UHG’s practices may impair the value of their portfolios.

Practices such as those below may increase short-term revenue while risking company brand name and threatening investors’ broader portfolios by increasing consumer debt, jeopardizing health of policyholders and thereby reducing workforce productivity, straining government resources, and risking increased taxes.

Such practices include:

- **Authorization requirements that result in delayed or avoided medical care.** Workplace absenteeism due to chronic diseases and health risk factors costs employers billions of dollars annually through reduced productivity and increased expenses.³
- **Denying patient care to increase profit.**⁴ A recent U.S. Senate subcommittee report found that, among other things, “Medicare Advantage insurers [including UHG] are intentionally using prior authorization to boost profits” and that “[i]nsurer denials at these facilities ... can force seniors to make difficult choices about their health and finances in the vulnerable days after exiting a hospital.”⁵ Additionally, the FTC sued UHG’s Optum subsidiary along with others for artificially inflating insulin prices “at the expense of vulnerable patients.”⁶
- **Increasing premiums and out-of-pocket costs hinders economy-wide growth.** A 2024 survey found that 48 percent of insured adults “worry about affording their monthly health insurance premium” and 73 percent of adults worry about affording healthcare services.⁷

To accommodate increased healthcare costs, consumers often take on credit card debt, cut back on necessities and discretionary spending, or drain retirement savings⁸ -- tactics that reduce their ability to fully participate in the economy. Worsening health outcomes, loss of wages or underemployment, low credit ratings due to inability to pay medical debt, and the associated inability to attain stable housing may all lead to depressed worker productivity, reduced consumer spending power, and greater reliance on public assistance programs – clear drags on the broader economy.

¹ Lukomnik and Hawley, [Moving Beyond Modern Portfolio Theory: Investing that Matters](#) (2021)

² <https://www.washingtonpost.com/health/2024/04/30/unitedhealth-congress-review-cyberattack/>

³ https://www.cdc.gov/pcd/issues/2016/15_0503.htm

⁴ <https://www.propublica.org/article/unitedhealth-healthcare-insurance-denial-ulcerative-colitis>

⁵ <https://www.hsgac.senate.gov/wp-content/uploads/2024.10.17-PSI-Majority-Staff-Report-on-Medicare-Advantage.pdf>

⁶ <https://www.ftc.gov/news-events/news/press-releases/2024/09/ftc-sues-prescription-drug-middlemen-artificially-inflating-insulin-drug-prices>

⁷ <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs>

⁸ <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states>